



FIBERGLASS/FIBERSPAR INQUIRY:

Company:	Contact:					
Project:	Phone:					
Start Date:	Email:					
Location (LSD) From:	Fiberglass	Fiberspar				
To:						
Length:	Operating Pressure:	Operating License	psig	kPag		
Nominal Pipe Size:	m	ft	psig	kPag		
Flange Size & Rating:	in					
	Operating Temp:	Operating Max:	°F	°C		
			°F	°C		
New Construction:	Pull Through:	Type of Service:	Gas			
			Multiphase/LVP			
If New Construction:	HDD/Bore	Open Trench	Water			
If Pull Through:	Existing Steel Size (OD)	in	mm	H ₂ S %		
	Wall Thickness:	in	mm			
Triplex Pump:	Yes	No	Max. Flowrate:	gpm	bpd	cu-m/d
Will Pulsation/Vibration dampeners be installed and maintained:	Yes	No	Cyclic Pressure Fluctuation (>1 cycle per day):			
			Yes	No		
			If 'Yes', Amplitude of Cycles:	psig	kPag	
			If 'Yes', Frequency of Cycles:	#/day		
Is a Fluid Composition or Analysis available? If 'Yes', attach copy						
Yes	No					
			Is CO ₂ Present?:	Yes	No	
			Are Aromatics Present?:	Yes	No	
			Are Other Chemicals Present?:	Yes	No	
(if yes, add details in comments below)						
Comments:						
Date:						
Salesperson:						